	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5														
						Critical Violations						0	Date	6/2	1/2019
_	Establishment Name As Authorized by 22 MRSA § 2496				Non-Critical Violations							0	Time In		30 AM
IS	ISUKEN CO-OP					ied F	ood	Prot	ection Ma	nager		Υ	Time Ou	t <u>11:</u>	15 AM
Lic	License Expiry Date/EST. ID# Address					Cit	ty				Zip Code		Telepho	ne	
8/3	8/31/2019 / 27632 996 SABATTUS ST				LEWISTON			STO	ON		04240		207-37	0-9602	
Lic	License Type Owner Name					Purpose of Inspection License Posted					Risk	Category	,		
М	JN	- EATING	PLACE - MOBILE	ISUKEN CO-OP	Special Investigation Yes										
	FOODBORNE ILLNESS RISK FACTORS) PI	JBLIC H	IEALTH INTER	VENTIONS	;			
	_	irolo docia	noted compliance status	(IN OUT N/O N/A) for each number	vod it					Mark"Y" in annron	rioto hav far C	°06 on	d/or D		
		•	•	(IN, OUT, N/O, N/A) for each number nce N/O=not observed N/A=r			ıle			Mark"X" in appropriate on-site				at violation	า
_															
Co	mpl	iance Statu		upervision	cos	К		Con	<u> </u>	tentially Hazardous	Food Time/T	emper	ature		cos R
1		IN	PIC present, demonstra	•	$\overline{}$	П	16		IN	Proper cooking					\top
Ľ	_	IIN	performs duties			Ц	17		IN	Proper reheati	ng procedure	s for h	ot holdin	g	
2		IN		loyee Health	_	\blacksquare	18		IN	Proper cooling			es		
3		IN	Management awarenes Proper use of reporting	g, restriction & exclusion	+	H	19		IN	Proper hot hold	<u> </u>				
				jienic Practices			20 21		IN	Proper cold ho					+
4		IN		drinking, or tobacco use	_	Ш	22	⊢	IN IN	Proper date ma	<u> </u>			9 rocore	++
5		IN	No discharge from eyes	s, nose, and mouth Imination by Hands			22		IIN		mer Advisory	<u> </u>	ocedures	a record	'
6		IN	Hands clean & properly		$\overline{}$	П				Consumer advi			aw or		Т
				with RTE foods or approved	\top	П	23		IN	undercooked fo					
7		IN	alternate method prope	• •						Highly Susce	ptible Popula	tions			
8		IN	Adequate handwashing	g facilities supplied & accessible			24		IN	Pasteurized for	ods used; pro	hibited	d foods n	ot	
			Approv	red Source						offered	Oh!!				
9		IN	Food obtained from app	proved source		Ш	25		IN		Chemical	propo	rly used		
10		IN	Food received at prope	· · · · · · · · · · · · · · · · · · ·		Ш	26		IN	Food additives				d & usad	+ +
11		IN	Food in good condition		-	Ш					ances properly identified, stored & u vith Approved Procedures			u & useu	
12		IN	Required records available parasite destruction	able: shellstock tags				Г		Compliance wi				2000	$\overline{}$
			•	om Contamination	_		27		IN	& HACCP plan	an variance, c	poolai	1200 pi 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13		IN	Food separated & prote		$\overline{}$	П									
14	IN Food-contact surfaces: cleaned and sanitized Risk Factors are improper practices or procedures identified as prevalent contributing factors of foodborne illness or injury. Public														
15		IN	•	eturned, previously served,						are control measure					
			reconditioned, & unsafe		丄	Ш									
			0 10 1 10 11	GOOD I				_							
				preventative measures to control the			-	-							
Ma	rk ">	K" in box if n	umbered item is not in com	ppliance Mark "X" in appropriate	box f	or CC	OS an	nd/or	R C	OS=corrected on-site	e during inspec	tion	R=repea	t violation	
					cos	R	L								COS R
			Safe Food and							Proper Us	se of Utensils				
28	-		ed eggs used where requ		_	Ш	_	IN		ensils: properly sto					
29	IN 		e from approved source			Н	42	+		, equipment, & line					++
30	IN	variance o	bbtained for specialized			Щ	43	-		se & single-service	articles: pro	perly s	tored & ι	ised	++
		D=========	Food Temperature (_		44	IN	Gloves u	sed properly	mont and Van	dina			
31	IN	temperatu	oling methods used; ade re control	quate equipment for				1	Food & n	Utensils, Equipo non-food contact su					TT
32	IN		properly cooked for hot	holding	+	Н	45	IN	l	designed, constru					
33	IN		thawing methods used		\top	Н	46	IN		shing facilities: inst			& used: te	st strips	++
34	IN		eters provided and accur	rate	\top		47	IN		d contact surfaces		,	,		
			Food Identification	on					<u> </u>	Physic	al Facilities				
35 IN Food properly labeled; original container 48 IN Hot & cold water available; adequate pressure															
			Prevention of Food Cont	tamination			49	IN	Plumbing	g installed; proper	backflow dev	ices			
36 N Insects, rodents, & animals not present 50 N Sewage & waste water properly disposed															
37	IN			ood preparation, storage & display	$oldsymbol{\perp}$	Ш	51	-	Toilet fac	cilities: properly co	nstructed, su	pplied	, & clean	ed	$\bot \bot$
							& refuse properly	-			ed	$+\!\!\!\!+$			
39	IN 		ths: properly used & stor	red	\bot	Н	53	-		facilities installed,					++
40	IN	Washing fi	ruits & vegetables			Ш	54	IN	Adequat	e ventilation & ligh	ting; designa	ted are	eas used		
_			D.	So- Mol	10	18	8/2	Ē.	D		D-4	610410	010		
		in Charge (<u> </u>		Date:	6/21/2	פוט		
		Inspector (S LACHANCE	• ,	Luphen					Follo	w-up: TYES	NO D	ate of F	ollow-up	:	
LU	UIS	LACHANCE	•	0 1 77,000					1.00	т. Ш.	٠٠٠ ٠٠٠	3. 1	up		

	State of	Maine Hea	alth Inspect	ion Repo	rt	Page 2 of 5		
Establishment Name ISUKEN CO-OP		As Authorized b	Date 6/21/2019					
License Expiry Date/EST. ID# 8/31/2019 / 27632	ST	City / State LEWISTON	/ ME	Zip Code 04240	Telephone 207-370-9602			
Temperature Observations								
Location	Temperature			Notes				
Water	126*	3 bay sink						
Water	125*	Handwash						

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



	State of Maine H	leaith inspectio	on Kepo	rτ	Pa	ige 3 of 5	
Establishment Name					Dat <u>e</u>	6/21/2019]
ISUKEN CO-OP							
License Expiry Date/EST. ID#	Address	City / State	ME	Zip Code			

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE



Luksher

Date: 6/21/2019

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State of Maine Health Inspection Report						Page 4 of 5		
Establishment Name					D <u>ate</u>	6/21/2019		
ISUKEN CO-OP								
License Expiry Date/EST. ID# 8/31/2019 / 27632	Address 996 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240				

Inspection Notes

MOBILE HAS REPAIRED WATER SYSTEM. OK TO LIFT IHH FROM 6/14/19 Certified Food Protection Manager: Mohamed Dekow exp. 6/11/24 cert. #18014810

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

ASS- MOHOMED

Date: 6/21/2019

Health Inspector (Signature) LOUIS LACHANCE Luknher

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Establishment Name					Date 6/21/2019
ISUKEN CO-OP					
License Expiry Date/EST. ID# 8/31/2019 / 27632	Address 996 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240	

Inspection Notes

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 6/21/2019

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